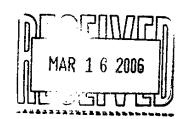
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 23, 2006 8:00 am Secretary of State DOCUMENT # L04000058657 1. Entity Name 03-08-2006 90046 043 ****50.00 GCGB, LLC Principal Place of Business Mailing Address 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445 2101 S. CONGRESS AVENUE DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable 20-43 Zip Country Country \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELMORE, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 1320 NORTH OCEAN BLVD **GULF STREAM FL 33483** City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES DITLE MGR Oelete TITLE Change Addition ELMORE, GEORGE T NAME STREET ADDRESS STREET ADDRESS 2101 S. CONGRESS AVENUE CITY-ST-ZIP DELRAY BEACH FL 33445 City-ST-719 BILE ☐ Delete TITE F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Addition TITLE De'ete MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP THLE ☐ Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Oelete MLE ☐ Change ☐ Addition TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes SIGNATURE: CEORCE T EL MORE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED





March 9, 2006

GCGB, LLC 2101 S. CONGRESS AVENUE DELRAY BEACH, FL 33445

Subject: GCGB, LLC

Reference Number:

L04000058657

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION